

## PCV66

**A SYSTEMATIC REVIEW OF THE DISEASE-SPECIFIC AND THE GENERIC QUALITY-OF-LIFE INSTRUMENTS IN CONGESTIVE HEART FAILURE**Gu NY<sup>1</sup>, Gwadry-Sridhar F<sup>2</sup><sup>1</sup>University of Southern California, Los Angeles, CA, USA, <sup>2</sup>University of Western Ontario, and London Health Sciences Centre, London, ON, Canada

**OBJECTIVE:** There is increasing interest in minimizing responder burden when eliciting health related quality-of-life (HRQoL). We conducted a systematic review of measurement properties of two HRQoL instruments: the disease-specific questionnaire, the Minnesota Living with Heart Failure questionnaire (MLHFQ) and the generic questionnaire, (SF-36), in congestive heart failure (CHF). **METHODS:** We searched MEDLINE, PubMed, Google Scholar, American Heart Association and Texas Heart Institute. Using MESH terms: Minnesota living with heart failure, MLHFQ, SF-36 and chronic heart failure questionnaire. We included studies that used SF-36 with MLHFQ. Studies had to be published in English between 1980 and 2005. We assessed the following properties: reliability (Cronbach's alpha, and Pearson's correlation), construct validity (longitudinal correlations) using multi-trait, multi-method matrix (MTMM), within and between domains for subscales and summary scores and responsiveness (effect size). **RESULTS:** Our search rendered 28 references, 15 papers (11 trials and 4 reviews). All except one study revealed consistent outcome measures in domain correlation, regardless of whether subscales or summary scores were used. The Cronbach's alpha for the MLHFQ were above 0.8, and ranged from 0.78 to 0.93 for the SF-36. The Pearson's correlations exhibit that the emotional domains between the two instruments demonstrate much lower correlations (ranged from 0.409 to 0.52) compared to that of their physical domains (ranged from 0.54 to 0.72). The effect sizes for the emotional domains, especially for the SF-36, were lower than that of physical domain. Similar findings were also found in using MTMM approach. At the same time, significant correlation between the MLHFQ physical and the emotional domains found in one study warrants close examination. **CONCLUSIONS:** The measurement properties MLHFQ and SF-36 in CHF are well documented as independent measures, however concurrent use illustrated inconsistencies between similar domains giving one reason to pause when considering mapping from one instrument to the other.

## PCV67

**PREDICTORS OF HIGH BLOOD PRESSURE KNOWLEDGE IN HYPERTENSIVE PATIENTS**Gu A<sup>1</sup>, Shaya FT<sup>1</sup>, Saunders E<sup>2</sup><sup>1</sup>University of Maryland School of Pharmacy, Baltimore, MD, USA,<sup>2</sup>University of Maryland, Medical System, Baltimore, MD, USA

**OBJECTIVES:** Patient knowledge of the risks for hypertension greatly affects the extent to which population-based primary preventive strategies can be successfully implemented. The objective of this study is to assess the determinants of knowledge of the risks for hypertension in an urban, predominantly African-American hypertensive population. **METHODS:** Using a 12-item high blood pressure knowledge questionnaire, patient knowledge in hypertension was measured at patient enrollment. Predictors of knowledge include age, race, severity of hypertension gender and current smoking status. The percentage of correct responses was calculated for the overall group, and for subgroups defined by independent variables. We used multiple regression to assess the effects of independent variables on the knowledge of hypertension. **RESULTS:** Out of 125 patients, most are African American (82.9%), female (66.7%), younger than 65 years

(72.0%), nonsmoker (82.3%) and with pre-hypertension (70.4%). The overall mean blood pressure knowledge score was 81.5%, with the range of 0–100%. There were subgroup differences in the scores with significant associations between high blood pressure knowledge score and hypertension severity and smoking status. When controlling for other variables, patients with systolic blood pressure (SBP) higher than 140mmHg were more likely to have lower scores ( $p = 0.08$ ), while nonsmokers tended to have higher score than smokers ( $p = 0.05$ ). **CONCLUSIONS:** Patients with hypertension exhibit a high level of high blood pressure knowledge. Lower SBP and non-smoking status significantly predict greater knowledge.

## PCV68

**BENEFICIAL IMPACT ON BLOOD PRESSURE CONTROL AMONG MEN PRESCRIBED SILDENAFIL CITRATE**Scranton R<sup>1</sup>, Lawler E<sup>1</sup>, Gagnon D<sup>1</sup>, Gaziano J<sup>1</sup>, Botteman MF<sup>2</sup>, Harnett J<sup>3</sup><sup>1</sup>Boston VA Medical Center, Harvard Medical School, Boston, MA,USA, <sup>2</sup>PharMerit North America LLC, Bethesda, MD, USA, <sup>3</sup>Pfizer Inc, New York, NY, USA

**OBJECTIVES:** We evaluated whether pharmacological treatment for erectile dysfunction (ED) had a beneficial change in the control of blood pressure among men being treated for hypertension in the New England VA Healthcare System (VISN 1). **METHODS:** We retrospectively analyzed medical record data from VISN 1 patients diagnosed with hypertension receiving a prescription for ED before February 1, 2003 and had at least one blood pressure measurement before after treatment for ED after excluding subjects with congestive heart failure, cancer, renal failure, liver disease, or pulmonary hypertension. We modeled changes in systolic blood pressure (SBP) and various clinical variables over a 4 year period using a linear mixed model both overall and stratified by baseline SBP. **RESULTS:** We assessed 6768 men with an average age of  $61.6 \pm 9.92$  prescribed almost exclusively sildenafil who had 148,997 blood pressure measurements. SBP was significantly reduced ( $-17.84$  and  $-5.53$ ; both  $P < 0.0001$ ) in those with baseline SBP  $>160$  and  $>140$  to  $\leq 160$ mmHg blood pressure groups. There was no appreciable change in BP for those with baseline SBP of  $<140$ . Likely clinical variables to explain these changes increased after treatment for ED such as starting blood pressure medications ( $p < 0.0001$ ) or greater intensity of blood pressure surveillance as indicated by more blood pressure measures. **CONCLUSIONS:** This is the first study of this magnitude using analytical methods enabling the assessment of thousands of blood pressure measures in order to demonstrate a favorable association between receiving treatment of a therapy targeted at improving quality of life and its collateral affect on management of a chronic disease. In this study limited mostly to men prescribed sildenafil, those with elevated blood pressure experienced dramatic improvements in blood pressure that appear to be related to increases in clinically relevant behaviors such as initiation of blood pressure treatment.

**EAR—Health Care Use & Policy**

## PERI

**ECONOMIC EVALUATION OF STRATEGIES FOR SCREENING NEWBORNS FOR BILATERAL HEARING IMPAIRMENT IN FRANCE**

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**OBJECTIVES:** To compare the cost-effectiveness of 3 screening strategies in France (birth cohort of 800,000 children) as evidence for universal screening is scarce because available tests